STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145718	A. Building B. Wing	05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crestwood Rehabilitation Ctr	14255 South Cicero Avenue Crestwood, IL 60445

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide necessary services upon admission to the facility to include medication orders and nutrition assessment/orders. This failure applied to one (R3) of three residents reviewed for quality of care. Findings include: R3 is [AGE] years old, medical diagnosis (from hospital record) include but are not limited to diabetes, hypertension, hyperlipidemia, chronic kidney disease, GERD, obesity, etc. R3 does not have any face sheet, initial admission assessment or baseline care plan in medical record. Progress note documented by V5 (LPN) on [DATE] 15:55:14 reads as follows: Patient responsive to painful stimuli only. Vital signs WNL (within normal limits). No s/s (signs and symptoms) of pain or distress noted. Patient on 7L (liters) of oxygen via Trach collar. Head to toe assessment complete. Patient lying in bed HOB (head of bed) elevated in stable condition. admission endorsed to oncoming nurse. RN/LPN. V5 also documented the following set of vital signs, B/P (blood pressure) 114/74, Temp (temperature) 98.4, Respiration: 80bpm regular, O2 (oxygen) saturation 97% trach. No height, weight or blood sugar was documented. On [DATE] at 2:22PM, V5 (Nurse) said that she recalls R3, she was the person that took the report from the hospital, resident arrived at the facility at 3:00PM which was the end of V5's shift, but she stayed a little longer because the in-coming nurse was a little late. V5 said that she took a set of vital from the resident that was within normal limits, resident arrived on 7 liters of oxygen via trach, he was non-verbal but responds to painful stimuli. V5 said that she then gave report to the afternoon nurse and left, she did not reconcile medications or received any orders for the resident. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On [DATE] at 4:13PM, V7 (LPN) said that R3 was admitted before he came to work past 3:00PM, R3 had a trach, V7 was not sure how many liters of oxygen R3 was receiving but said he think R3 was on oxygen at 2 to 3 liters, resident had a G-tube, but it was not connected. V7 went to get the feeding and set up but did not connect the feeding because he did not have the rate, the nurse who took report from the hospital did not get the rate for the feeding. V7 said that the feeding rate was not in the hospital record, he called the doctor and left a message, but he did not call him back. V7 said that the resident did not get any feeding or medication from him from the time he was admitted until he coded because he was waiting for the doctor to call back, and he was busy with other residents who were asking for medication. V7 said that there was a supervisor on ground, but he did not ask her for assistance. On [DATE] at 9:07AM, V2 (DON-Director of Nursing) said sometimes it may take 4 to 6 hours for the patient's medication to be reconciled, sent, and delivered by pharmacy, but if a resident has medication scheduled for the next shift or that is urgent, it can be pulled from the pixels. If the nurse could not get in touch with the doctor for orders, they can call the medical director, resident's G-tube feeding could have been started because the feeding rate was in the admission papers. On [DATE] at 10:50AM, V10 (LPN/Nurse supervisor) said that R3 was admitted around 3 to 3:45PM, she called the nurse practitioner to verify the medications, and she told the nurse (V7) that the medications have been verified. Around 10:10PM, the C.N.A came to the nursing station and said that resident was not responding, V10 and V7 went to the room and resident was not responding, they called a code blue, called 911 and started CPR. V10 added that V7 she was not aware that R3 did not receive any medication or feeding, V7 never told her that he needed any assistance with R3's medication or G-tube feeding. On [DATE] at 9:33AM, V14 (Nurse Practitioner) said that a supervisor, (V10) called him to verify medications for R3 the day he was admitted , V14 did not see the patient because he was told that patient coded the same day and was sent out 911. V14 said that if a nurse calls to verify medication and the doctor did not answer, the nurse can call again or reach out to a different doctor. As for residents on g-tube feeding, the nurse should also reach out to the dietician, not just the doctor, waiting for the doctor should not be an excuse for not rendering patient care.

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F 0690 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide appropriate care and services to prevent urinary tract infection for a resident with an indwelling urinary catheter and failed to provide timely and appropriate assessment for the removal of the indwelling urinary catheter. This failure affected one (R1) of three residents reviewed for care of indwelling urinary catheter and resulted in R1 having four urinary tract infections since being admitted to the facility. Findings include: R1 is [AGE] years old admitted to the facility on [DATE], diagnosis include, but not limited to Type 2 diabetes, Rhabdomyolysis, unspecified asthma, chronic obstructive pulmonary disease, disorder of muscle, neuromuscular dysfunction of bladder, pressure ulcer of sacral region, dysphagia pharyngeal phase, history of falling, essential primary hypertension, chronic kidney disease stage 2, etc. On 5/5/2025 at 1:30PM, R1 observed in room sitting in a motorized wheelchair, alert and oriented x3 and stated that she is doing okay, trying to get her strength back. R1 said that she used to have a indwelling urinary catheter, but they took it out, she was in so much pain, begged staff to remove the urinary catheter but they refused, finally one nurse was kind enough to remove the urinary catheter. R1 added that she feels better and urinating with no problems. R1 stated that she has had urinary tract infections four times while she had the urinary catheter and they continued treating her for the UTI (urinary tract infection) with antibiotics, but it comes back after each treatment. Per record review, R1 was admitted from the hospital with an indwelling urinary catheter. Review of resident's medical record showed several nurse's progress notes indicating the R1 has been complaining of discomfort due to the indwelling urinary catheter since 11/29/2024. Review of antibiotic therapy for R1 since admission shows the following: 9/24/2024, Ciprofloxacin HCl Oral Tablet 500 MG (Ciprofloxacin HCl) Give 1 tablet by mouth every 12 hours for UTI for 7 Days. 12/3/2024 Cipro Oral Tablet 500 MG (Ciprofloxacin HCl) Give 1 tablet by mouth every 12 hours for uti for 5 Days. 12/5/2024 Macrobid Oral Capsule 100 MG (Nitrofurantoin Monohyd Macro) Give 1 capsule by mouth every 12 hours for UTI, E Coli for 7 Days. 3/13/2025 Macrobid Oral Capsule 100 MG (Nitrofurantoin Monohyd Macro) Give 1 capsule by mouth two times a day for uti E. coli for 7 Days. 4/3/2024 Cefuroxime Axetil Oral Tablet 250 MG (Cefuroxime Axetil) Give 1 tablet by mouth one time only for uti E. coli and proteus for 1 Day. (continued on next page)

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F 0690 Level of Harm - Actual harm Residents Affected - Few	On 5/6/2025 at 11:33AM, V12 (Infectious disease NP) said that he is familiar with R1, she was constantly having urinary tract infection (UTI) with e. coli as the bacteria and that could be a result of not being cleaned properly. Resident also had a sacral wound, the constant infection could be addressed with better care by avoiding poop from getting into the vaginal area, and in turn getting into the catheter, causing UTI. On 4/23/2025 V12 documented in part, patient states have some discomfort from urinary catheter, speaking to facility nurse practitioner about whether she needs same. 4/16/2025, V12 documented in part, patient still relates some dysuria (pain with urination). V12 said that the urinary catheter may also help with wound healing, resident complained to him of discomfort to the urinary catheter area but stated that it occurs when she wants to urinate. R1 has been treated so many times for UTI, surveyor asked V12 if anyone considered removing the urinary catheter to see if it will help with the constant UTI and he said that he does not make decision when it comes to discontinuing the urinary catheter, that will be a question for the medical doctor. On 5/7/2025 at 2:53PM, V12 (Infectious disease NP) said that he is not sure if R1 have seen a urologist or not, he just looked at resident's record and saw that staff were documenting no post void residual and that is good. V12 added that if R1 did not have a indwelling urinary catheter, she probably wouldn't have this many UTIs. On 5/7/2025 at 9:29AM, V13 (LPN/ Infection Prevention Nurse) said that she oversees the antibiotic stewardship, she works with the infectious disease nurse practitioner. V13 said that R1 has been on a lot of antibiotics for dysuria (Pain and burning during urination), resident had a urinary catheter for a diagnosis of neurogenic bladder. V12 said that she has never reached out to the doctor and not sure if anyone has reached out to the doctor or suggested discontinuing the urinary catheter for a while since admission. R1 complained of pain due to the urinary catheter but not all the time, when she gets treated, she will say that she feels better. 5/6/2025 at 10:16AM V8 (LPN) said that she has worked at the facility since March 2025, and has been the 4th floor supervisor since then. V8 is familiar with R1, have seen and talks to her every day. V8 is aware that R1 had a urinary catheter and was present the day it was dislodged, V8 spoke to the nurse practitioner after the urinary catheter came out and attempted to re-insert urinary catheter but resident was complaining of pain. V8 received an order to monitor resident's output and measure post void residual. R1 never complained of pain to V8, R1 have been on antibiotics for UTI for the one month that V8 has been here, not sure of what happened before she started. On 5/7/2025 at 11:52AM, V17 (Attending physician) said that he is familiar with R1, she was having some urine retention issues, that is the reason for the indwelling urinary catheter, they were planning to remove it and try weaning the resident off, she was supposed to see a urologist but V17 is not sure if she did or not. V17 said that he will review resident's chart and call surveyor back. (continued on next page)

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F 0690 Level of Harm - Actual harm Residents Affected - Few	On 5/7/2025 at 3:15PM, V17 called back and said that resident's urinary catheter is now out and they are mentoring her post void residual (PVR), so far it is negative and if it continues to be negative, they will keep the urinary catheter out. The resident needed the urinary catheter due to a diagnosis of neurogenic bladder, not sure if resident was getting UTI because of the urinary catheter, she also had a sacral pressure ulcer and the urinary catheter was needed for the healing of the ulcer. V17 added that there has never been an attempt to reassess resident or discontinue the urinary catheter prior to it coming out few days ago. Indwelling urinary catheter care procedure revised September 2005 states it purposes as to prevent infections of the resident's urinary tract. Under general guidelines, #18 states to report to the supervisor. Urinary tract infections/ bacteriuria policy revised April 2007 states that as part of the initial assessment, the physician will help identify individuals who have a history of symptomatic indwelling urinary tract infections and those who have risk factors, for example, an indwelling urinary catheter. Under monitoring, the policy states that the physician and nursing staff will review the status of the individuals who are being treated for UTI and adjust treatment accordingly. 2. When someone's urinary tract infection persists or recurs after treatment with an initial course of antibiotics, the physician should review the situation carefully with the nursing staff and possibly examine the individual or review the situation in detail before prescribing repeated courses of antibiotics.